Spinal surgery MBS item changes to exclude use for Vertebral Body Tethering (VBT)

Last updated: 17 January 2024

- From 1 March 2024, spinal instrumentation items 51021 to 51026 and 51165 for anterior exposure of the spine will be amended to exclude their use for Vertebral Body Tethering (VBT) for the treatment of scoliosis.
- These changes are relevant to all medical practitioners who provide spinal surgery services.
- Eligible patients for these items will continue to receive a Medicare rebate for clinically relevant services, and providers will benefit from clarification on the appropriate claiming of these items.

What are the changes?

Effective 1 March 2024, six MBS items for spinal instrumentation (51021 to 51026) and one item for anterior exposure of the spine (51165) will be amended to make it more transparent to practitioners on the clinical circumstances for which these items can be claimed, provide clarity on the intent of these items, and exclude their use for VBT for the treatment of scoliosis.

These amendments are outlined on pages 3 to 5 of this fact sheet.

For private health insurance purposes, these items will continue to be listed under the following clinical category and procedure type:

- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

Why are the changes being made?

The amendments were recommended by the Medical Services Advisory Committee (MSAC) in November 2021 under application 1656. Under this application, MSAC did not support public funding of VBT for the treatment of adolescent idiopathic scoliosis (AIS). MSAC accepted there was a clinical need for VBT but considered the evidence for comparative safety, clinical effectiveness and cost-effectiveness for VBT compared with posterior spinal fusion (PSF) was uncertain.

MSAC further noted that the current MBS spinal instrumentation items intended for use for spinal fusion were strongly believed to be being used to claim VBT (51021-51026 and

51165) and needed to be revised to exclude this use. These amendments clarify the intent of the items and supports appropriate claiming. Further details about MSAC applications can be found under MSAC Applications on the MSAC website (Medical Services Advisory Committee).

What does this mean for providers?

Providers will need to familiarise themselves with these changes and any associated rules and explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Patients will continue to receive Medicare benefits for services that are clinically appropriate.

Who was consulted on the changes?

The Spine Society of Australia and Scoliosis Australia have been consulted on the changes.

How will the changes be monitored and reviewed?

These items will continue to be subject to compliance processes and activities, including random and targeted audits which may require a provider to submit information about the services claimed.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the Department's website. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the Federal Register of Legislation. If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to 'News for Health Professionals' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the Downloads page.

Amended item descriptors (to take effect 1 March 2024)

Category 3: THERAPEUTIC PROCEDURES

Group: T8 - Surgical Operations

Subgroup 17: Spinal Surgery

51021

Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, one motion segment, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51022, 51023, 51024, 51025 or 51026 applies (H)

(Anaes.) (Assist.)

Fee: $1,410.25 **Benefit:** 75% = $1,057.70

- Private Health Insurance Classification:
- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

51022

Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51023, 51024, 51025 or 51026 applies (H)

(Anaes.) (Assist.)

Fee: $1,754.25 **Benefit:** 75% = $1,315.70

- Private Health Insurance Classification:
- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

51023

Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51024, 51025 or 51026 applies (H)

(Anaes.) (Assist.)

Fee: $2,087.65 **Benefit:** 75% = $1,565.75

- Private Health Insurance Classification:
- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

51024

Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51025 or 51026 applies (H)

(Anaes.) (Assist.)

Fee: $2,410.10 **Benefit:** 75% = $1,807.60

- Private Health Insurance Classification:
- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

51025

Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51026 applies (H)

(Anaes.) (Assist.)

Fee: $2,816.90 **Benefit:** 75% = $2,112.70

- Private Health Insurance Classification:
- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

51026

Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments, excluding vertebral body tethering for the treatment of scoliosis and not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51025 applies (H)

(Anaes.) (Assist.)

Fee: $3,084.10 **Benefit:** 75% = $2,313.10

- Private Health Insurance Classification:
- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

51165

Anterior exposure of thoracic or lumbar spine, more than one motion segment, excluding vertebral body tethering for the treatment of scoliosis and not being a service to which item 51160 applies (H)

(Anaes.) (Assist.)

Fee: $1,596.05 **Benefit:** 75% = $1,197.05

- Private Health Insurance Classification:
- Clinical category: Back, neck and spine
- Procedure type: Type A Advanced Surgical

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.